

Name
In
Full

Leonora Bell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

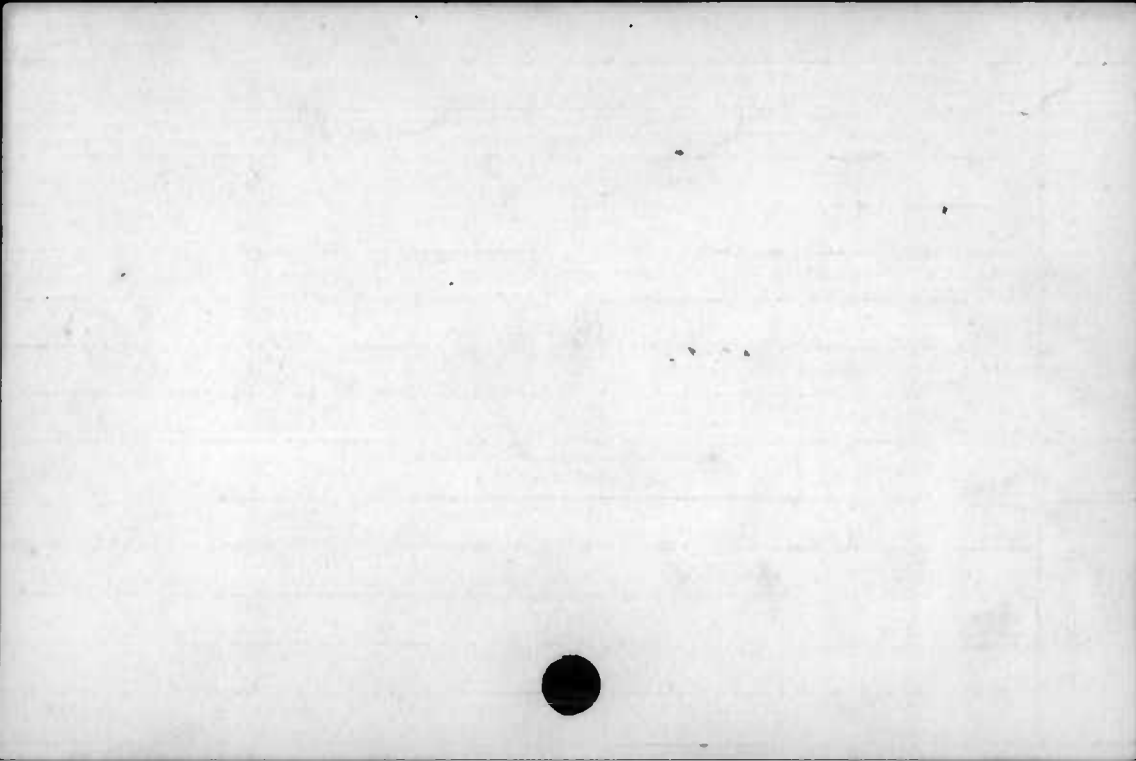
Died at <u>Chester</u> <small>Town</small>		<u>Greenbush</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>July</u> <small>Month</small>	<u>13</u> <small>Day</small>	Age <u>75</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Caucasian</u>		Birth-place <u>Maryland</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lee Bell</u>				
Father's Name <u>Art Stevens</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Jennie Wright</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Lee Bell</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Acute Regurgitation</u>	How long <u>4 years.</u>
Immediate <u>Spasm of Uterine Muscles</u>	How long <u>1 week.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. Chas. E. Byrd</u>
	Address <u>Stevensville Md.</u>
Accident or Suicide?	<u>End.</u>



Name
in
Full

George Ralph Bunnery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

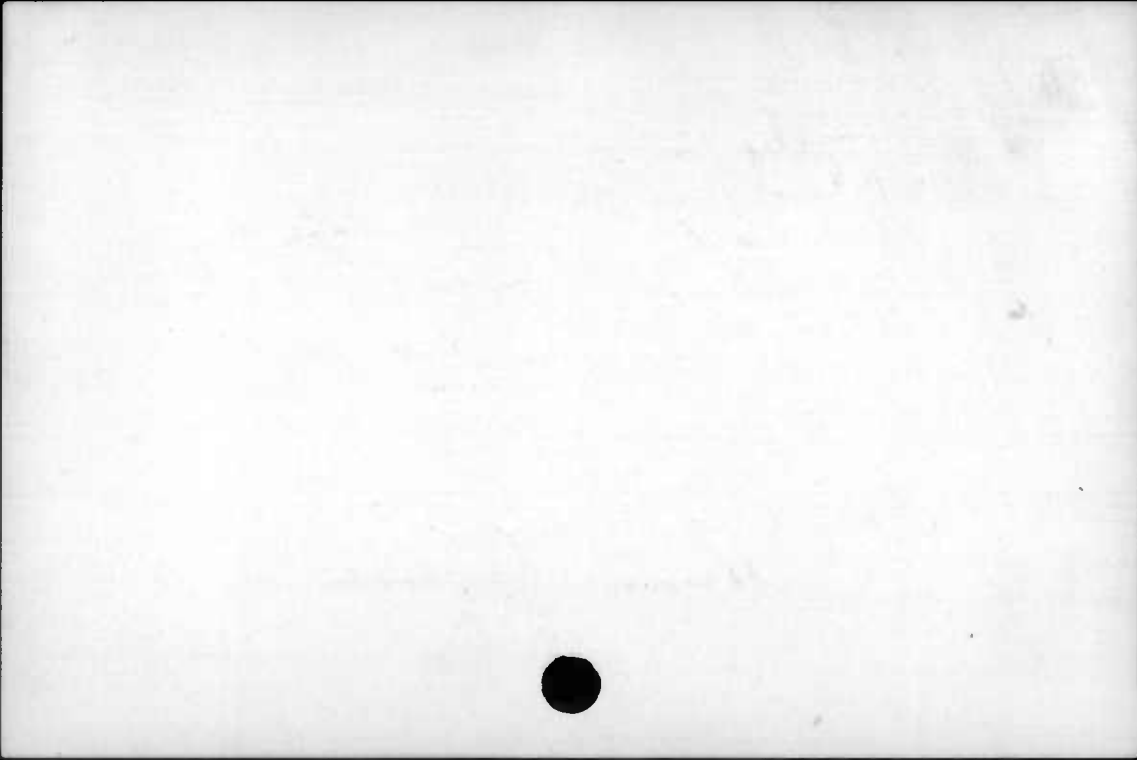
Died ^{Town} Near Hayden		^{County} Sullivan		MARYLAND	
Date of death	1908	Month	July	Day	26
Age	14	Years	8	Months	11
Sex	Male	Color or Race	White	Birthplace	L.A. Co Ind.
Occupation	School boy	Where Residing if not at place of death	Ch. place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Geo. Edward Bunnery	Father's Birthplace	Ind.		
Mother's Maiden Name	Mary D. Summers	Mother's Birthplace	N. Y. State		
Name of person giving information	Geo. Edward Bunnery	How related to deceased	Father		

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Epilepsy - Caused from injury	How long	7 years.
Immediate	Convulsions (until Exhaustion)	How long	2 1/2 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Dr. G. C. Coppage		
Address	Church Hill		
Accident or Suicide?	Ind.		



Name
in
Full

Bessie Barker

CERTIFICATE OF DEATH

Died at Suckersville Town Turner County Ind MARYLAND

Date of death 1908 Month 7 Day 24 Age 24 Years Months 5 Days 26

Sex Female Color or Race white Birth-place Ind

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Lewis M Barker Father's Birthplace Ind

Mother's Maiden Name Mina Seward Mother's Birthplace Ind

Name of person giving information Lewis M Barker How related to deceased Father

CAUSES OF DEATH

105

Primary Cholera Infan'tum How long six hours

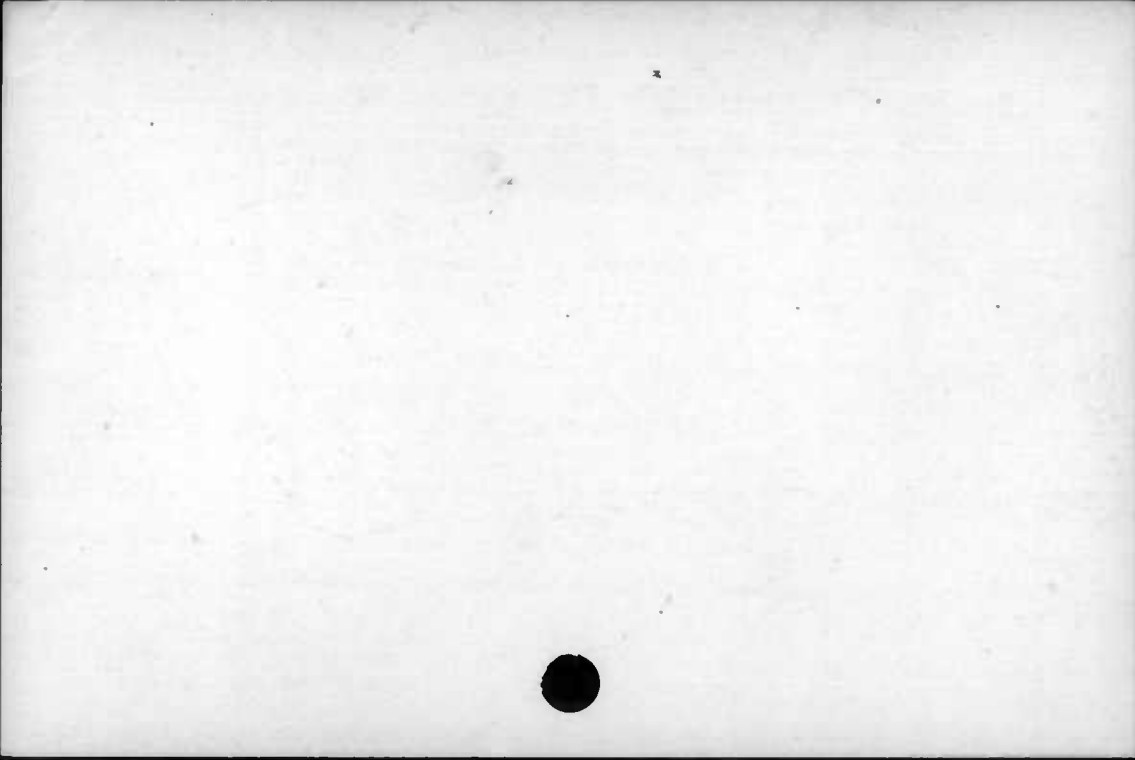
Immediate " How long "

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. L. S. S. S.

Address Suckersville Ind

Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		County Home		County		2 Himes		MARYLAND	
Date	1908	Month	July	Day	21	Years	15	Months	—
Age	15		Days		—				
Sex	Male		Color or Race	Negro		Birth-place	2, N. Co		
Occupation	None		Where Residing if not at place of death						
Married , Single or Widowed		Name of Wife or Husband							
Father's Name	Do not know no history					Father's Birthplace			
Mother's Maiden Name	Do not know					Mother's Birthplace			
Name of person giving information	J. M. Foster					How related to deceased			

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Epileptic Convulsion		How long	4 years	
Immediate	yes		How long		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		
			J. A. Holton		
			Address		
			Centerville Md		
Accident or Suicide?					

2000



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

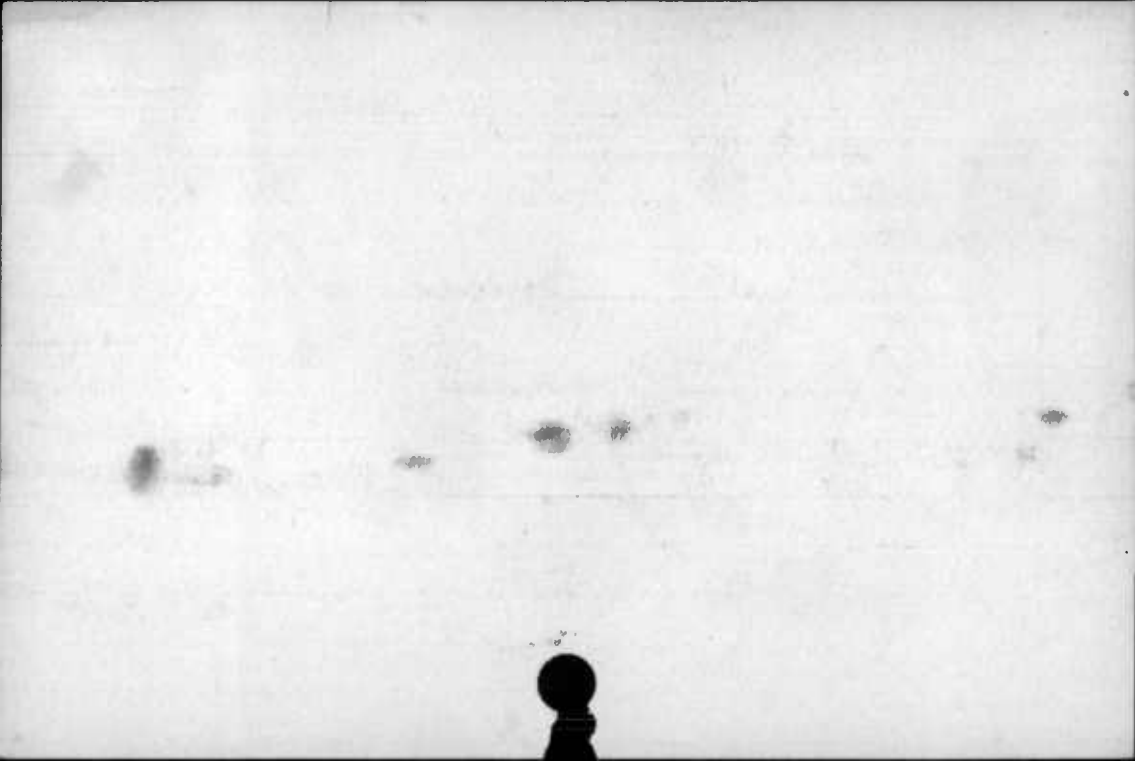
Name <i>Mary Dorton</i>		Town <i>Burrsville</i>		County <i>A</i>	
Died at		Date of death <i>1908 July 5</i>		Age <i>80</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ireland</i>	
Occupation <i>Horse Keeper</i>		Where Residing if not at place of death <i>Burrsville</i>			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Martin Dorton</i>			
Father's Name <i>Edward Farley</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>J. R. Dorton</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>57 or 6 yrs.</i>
Immediate <i>Uremic Coma</i>	How long <i>24 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Dorton M.D.</i>
	Address <i>Burrsville Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

Philly Frozier

TO BE ANSWERED BY
NEAREST FRIEND

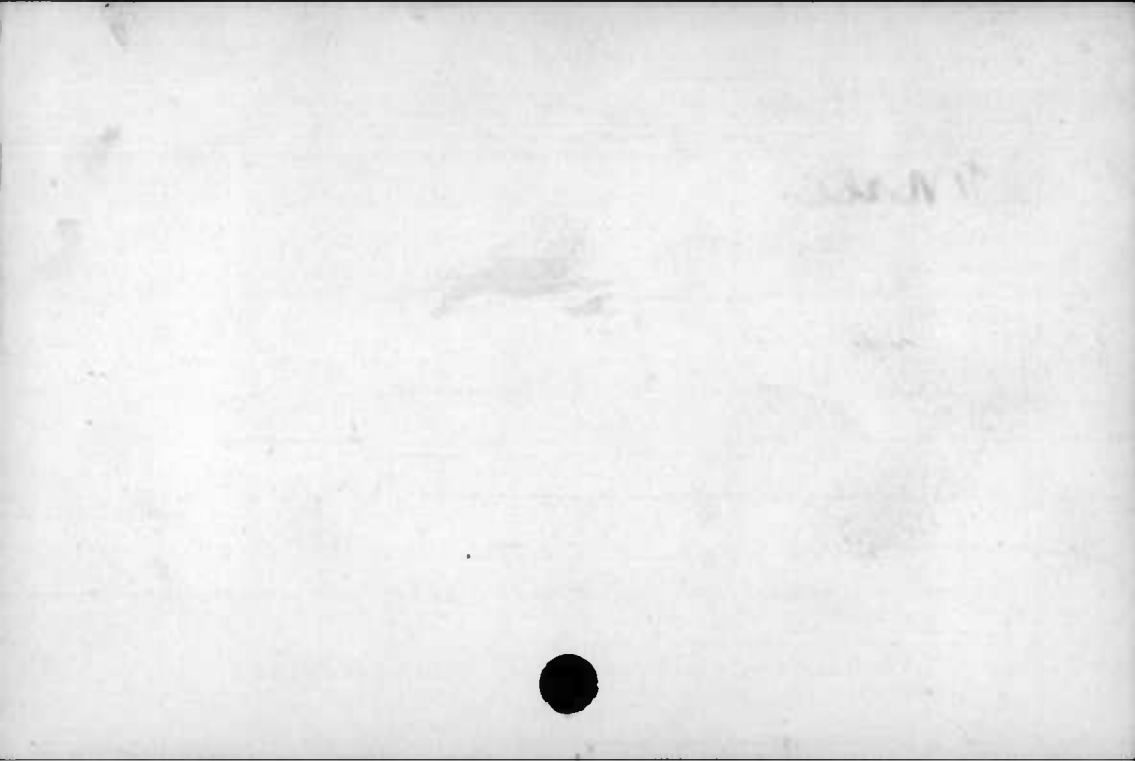
Died at <u>Spanish Neck</u> <small>Town</small>		<u>Queen Anne</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Year</small>		<u>July</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Kent Island</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Spanish Neck</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Julia Frozier</u>				
Father's Name <u>David Frozier</u>		Father's Birthplace <u>Kent Island</u>			
Mother's Maiden Name <u>Cushy Nickerson</u>		Mother's Birthplace <u>Kent Island</u>			
Name of person giving information <u>N. W. Ayres</u>		How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Atherosclerosis</u>	How long <u>Don't know</u>
Immediate <u>Cerebral hemorrhage</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Bretherton</u>
Accident or Suicide? <u>no</u>	<u>ms</u>



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Catherine Gibbs*

Died at *New Orleans* Town *New Orleans* County *Orleans*

Date of death *1908 July - 27* Month *July* Day *27* Age *9* Years *9* Months *16* Days

Sex *Female* Color or Race *Colo. d.* Birth-place *New Orleans La*

Occupation *none* Where Residing if not at place of death *none*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *William Gibbs* Father's Birthplace *La. Co. Md*

Mother's Maiden Name *Blanche Fockerman* Mother's Birthplace *La. Co. Md*

Name of person giving information *Mr W. Gibbs* How related to deceased *Uncle*

CAUSES OF DEATH

105

Primary *Alcoholitis* How long *1 Month*

Immediate *Exhaustion* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. S. Dudley*

Address *Church Hill Maryland*

Accident or Suicide? *No*

Union. Rich Neck

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

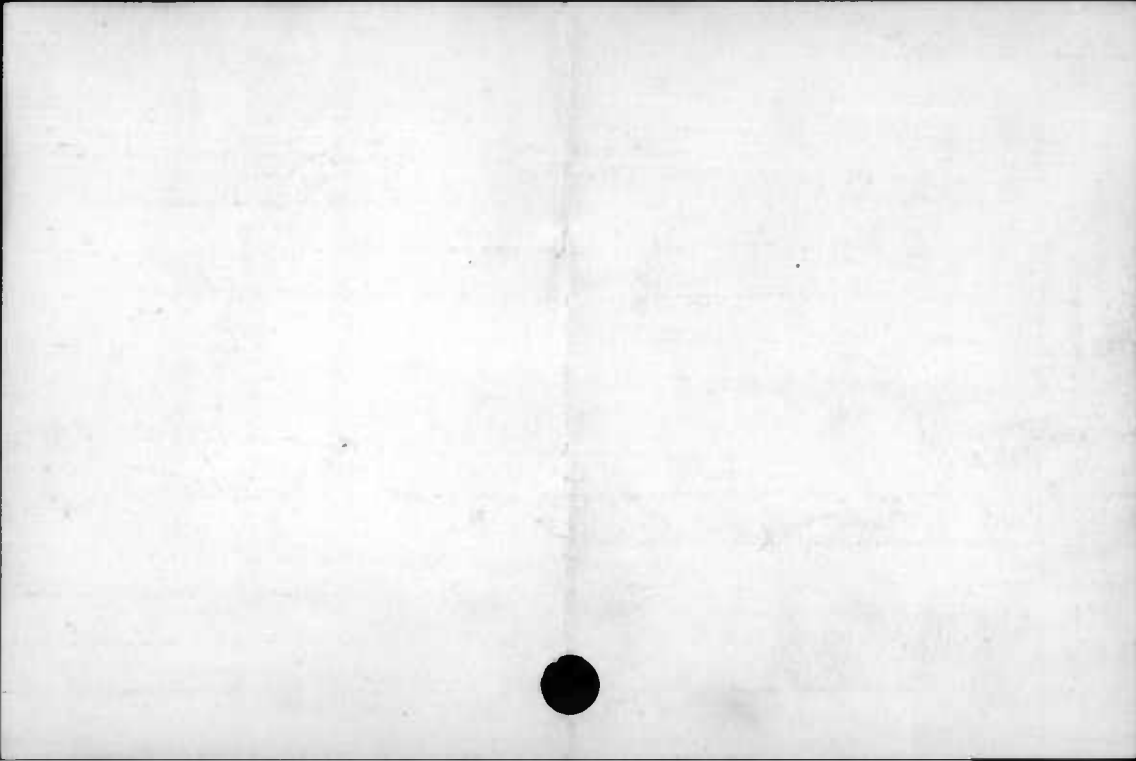
Died at <i>Church Hill</i>		Town <i>Church Hill</i>		County <i>Howe Co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>25</i>	Age	Years	Months	Days <i>21</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Church Hill</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Alexander Gibbs</i>			Father's Birthplace <i>Howe Co</i>				
Mother's Maiden Name <i>Laura T. Spawls</i>			Mother's Birthplace <i>Howe Co</i>				
Name of person giving information <i>Alexander Gibbs</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Heart Attack</i>	How long	<i>1 day</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Accident or Suicide?		No	
Signature of Physician		<i>J. S. Sudby</i>	
Address		<i>Church Hill</i>	
		<i>Maryland</i>	



Name
in
Full

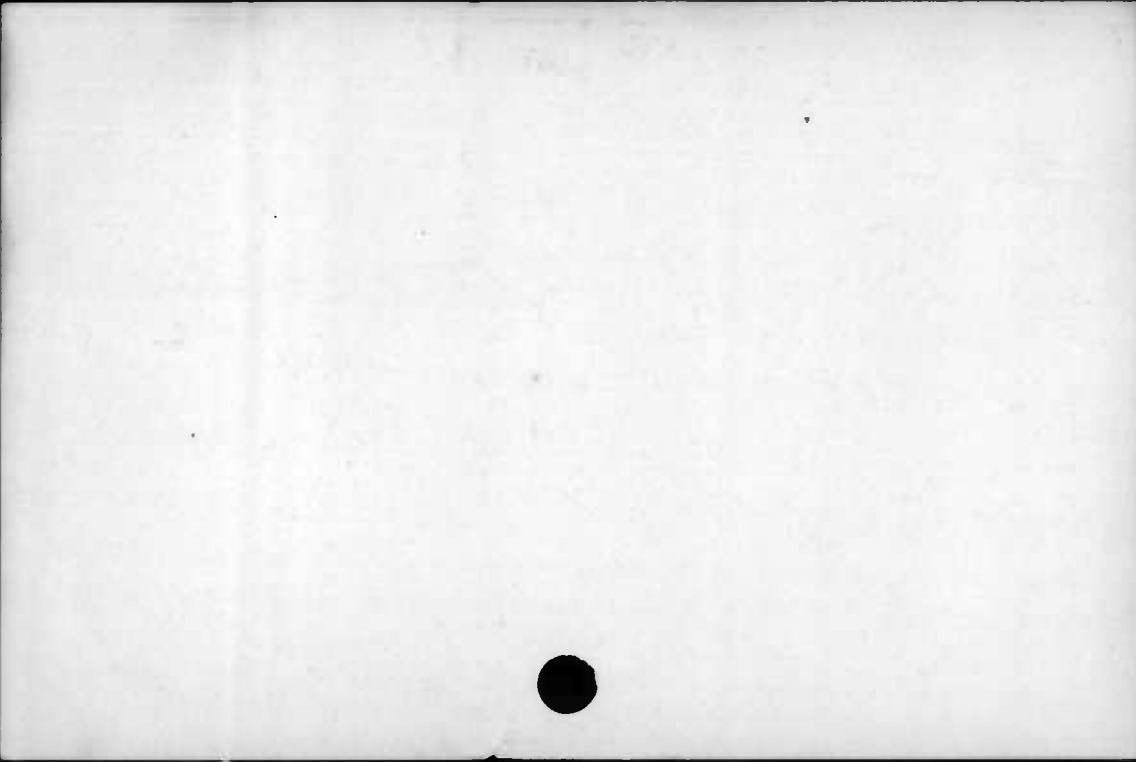
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Samuel Gould		Town		Barclay		County		Queen Anne		MARYLAND	
Died at		Date of death		Month		Day		Years		Months		Days	
1908		7		26		Age		63		-		-	
Sex		Male		Color or Race		Black		Birth-place		Md-			
Occupation		Farmer		Where Residing if not at place of death									
Married, Single or Widowed		Married		Name of Wife or Husband		Lizzie Smith							
Father's Name		Don't know		Father's Birthplace		Don't know							
Mother's Maiden Name		Cynthia Boardley		Mother's Birthplace		Md-							
Name of person giving information		James H. Seale		How related to deceased		Half brother							
				CAUSES OF DEATH		120							

PHYSICIAN
OR CORONER

Primary		Nephritis		How long		2 years	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. R. Smith, M.D.	
				Address		Simperville, Ky.	
Accident or Suicide?							



Name
in
Full

Lilly May Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

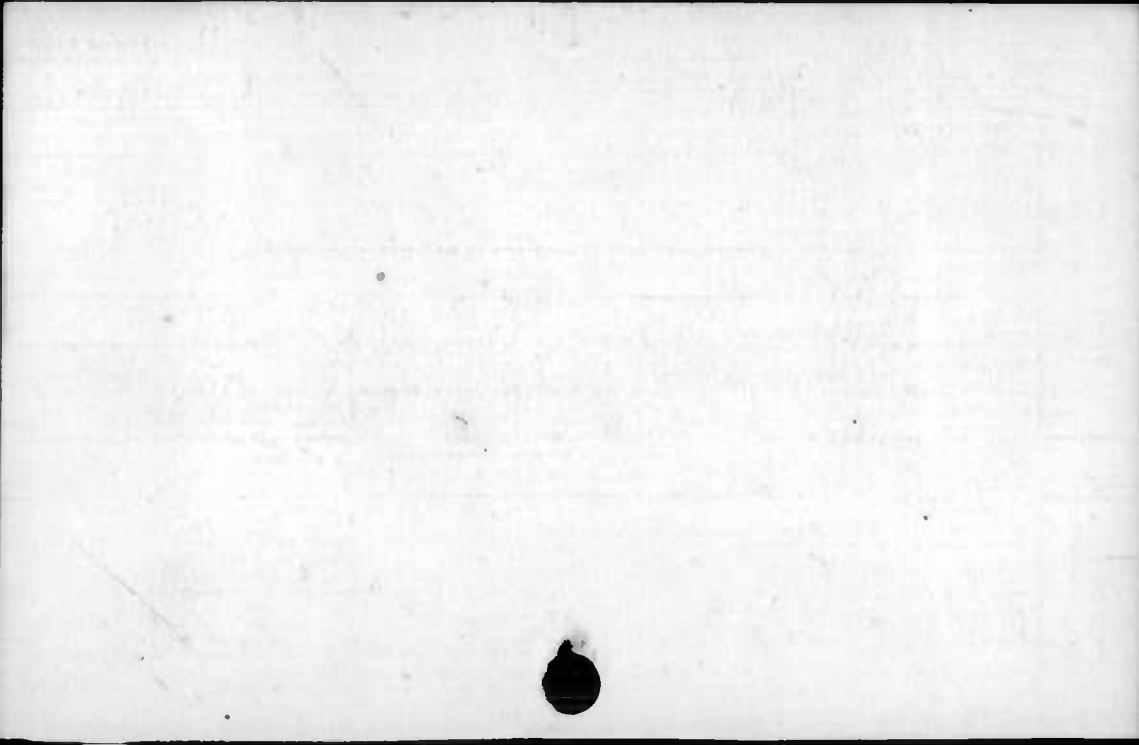
Died at <i>near Queenstown</i>		Town		County <i>Q. L.</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>25</i>		Age	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Q. L. Co., Md.</i>		Months <i>7</i>	
Occupation <i>chila</i>		Where Residing if not at place of death		—		Days	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband		—		Days	
Father's Name <i>Charles Griffin</i>		Father's Birthplace <i>Q. L. Co., Md.</i>		Mother's Birthplace <i>Q. L. Co., Md.</i>		How related to deceased <i>Father</i>	
Mother's Maiden Name <i>Hattie Price</i>		Name of person giving information <i>Charles Griffin</i>		How related to deceased <i>Father</i>		Days	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>Don't know</i>
Immediate	<i>Heart failure</i>	How long	<i>don't know</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Rowland H. Ford</i>
Accident or Suicide?		Address	<i>Queenstown, Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Amos Hensen</i>		Town <i>Queenstown</i>		County <i>Q. A.</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>21</i>	Age <i>wait for</i>	Months <i>Inv. age</i>	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Hartford Co., Md.</i>			
Occupation <i>old age</i>				Where Residing if not at place of death <i>Queenstown</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Elizabeth (Clayton) Hensen</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Hartford Co., Md.</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Hartford Co., Md.</i>					
Name of person giving information <i>Mary Green</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Aortic stenosis</i>	How long <i>Don't know</i>
Immediate <i>Cardiac failure</i>	How long <i>Eleven hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland H. Ford</i>
<i>Yes</i>	Address <i>Queenstown, Md.</i>
Accident or Suicide? <i>Cerebral</i>	

Westley Church Cemetery
Wyo Neck

Name
in
Full

Robert K. Hollis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Barclay* Town *Queen Anne* County *MARYLAND*

Date of death 1908 *7* Month *5* Day *2* Age *2* Years *1* Months *1* Days

Sex *Male* Color or Race *Black* Birth-place *Md.*

Occupation *-* Where Residing if not at place of death *-*

~~Married~~ Single
~~or Widowed~~

Name of Wife or
Husband *-*

Father's Name *Howard C. Hollis*

Father's Birthplace *Md.*

Mother's Maiden Name *Bessie Tiller*

Mother's Birthplace *Md.*

Name of person giving information *Howard C. Hollis*

How related to deceased *brother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Enteritis

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

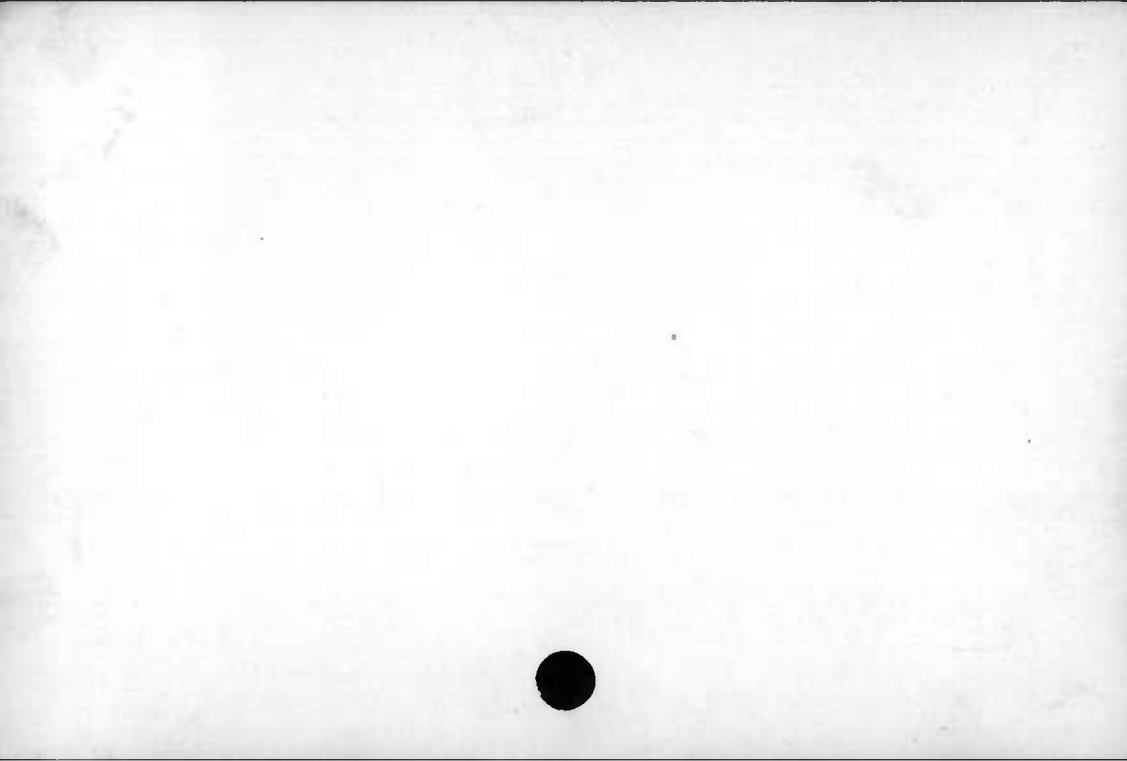
yes

Signature of Physician

Address

J. L. Smith, Phys. to Coroner
Templeville Md.
S. S. Faulkner Acting Coroner

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Chestertown</i>		Town <i>Queen Anne</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>7</i>	Age <i>4</i>	Years	Months <i>1</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Near Chestertown</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>at home</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Wilbur H. Harlock</i>	Father's Birthplace <i>Queen Anne's</i>						
Mother's Maiden Name <i>Margaret Payne</i>	Mother's Birthplace <i>Snow Hill</i>						
Name of person giving information <i>Mr. W. H. Harlock</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>all life</i>
Immediate <i>Meningitis</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chestertown Md</i>
Accident or Suicide? <i>No.</i>	

c. 1412

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queenstown</i> ^{Town}		<i>Q. A.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>11</i>	Age <i>17</i>	Years <i>17</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Q. A. Co., Md.</i>		
Occupation <i>Labourer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Samuel Jones</i>		Father's Birthplace <i>Q. A. Co., Md.</i>			
Mother's Maiden Name <i>Annie M. Hard</i>		Mother's Birthplace <i>Q. A. Co., Md.</i>			
Name of person giving information <i>Nicholas Little</i>		How related to deceased <i>Not related</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Ten days</i>
Immediate <i>Exhaustion</i>	How long <i>Twelve hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland L. Ford</i>
	Address <i>Queenstown, Md.</i>
Accident or Suicide? <i>—</i>	

Interment

Wynne Chgoe

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trut Island</i>		Town <i>Trut Island</i>		County <i>Queen Anne's Co</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>7</i>	Age <i>35</i>		Years <i>6</i>	Months <i>17</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Trut Island</i>					
Occupation <i>House work</i>		Where Residing if not at place of death <i>Trut Island</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Howard Denny (she had left husband)</i>					
Father's Name <i>Jas Landman</i>		Father's Birthplace <i>Trut Island</i>					
Mother's Maiden Name <i>Henrietta Kings</i>		Mother's Birthplace <i>Trut Island</i>					
Name of person giving information <i>Jas. Landman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>One wk.</i>
Immediate <i>Heart failure</i>	How long <i>day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. R. Kenton</i>
	Address <i>Stevensville Md.</i>
Accident or Suicide?	



Name
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Full

Frank Lively -

CERTIFICATE OF DEATH

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NEAREST FRIEND

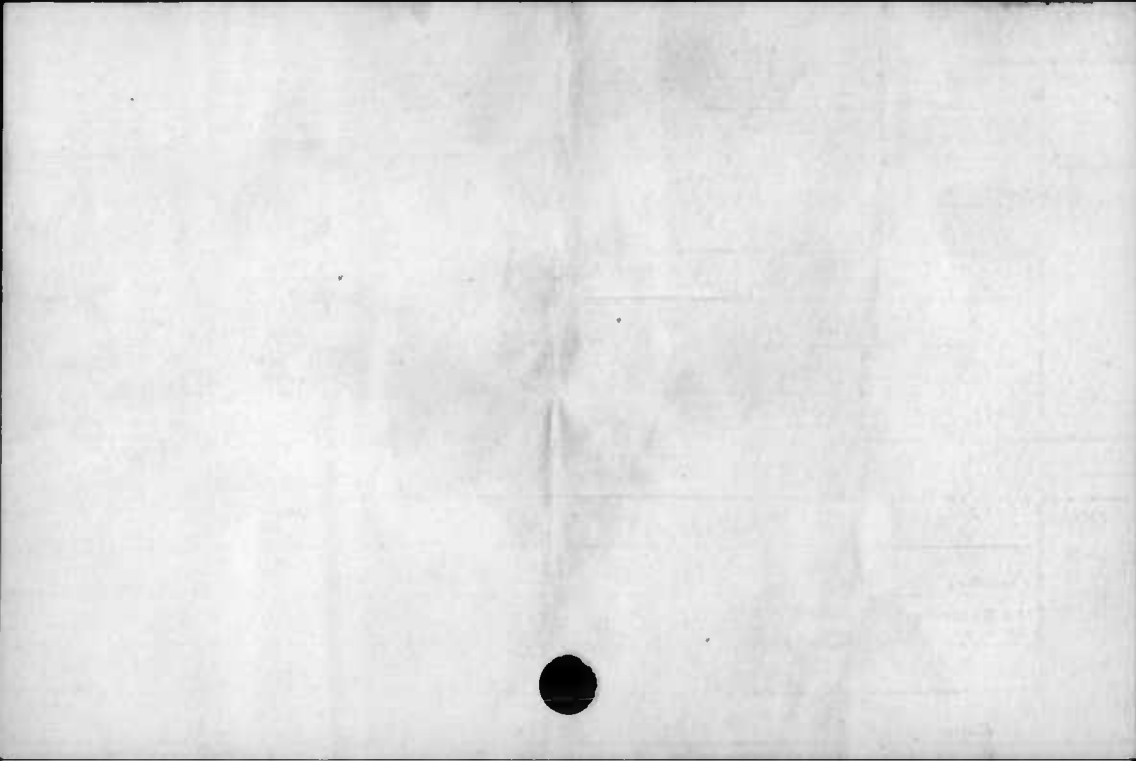
Died at <u>Deep Landing</u> ^{Town}		<u>Queen Anne</u> ^{County}		MARYLAND	
Date of death	1908	Month	July	Day	13
Age	one	Years		Months	
Sex	Male	Color or Race	Negro	Birth-place	Md. -
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Lively -			Father's Birthplace	Hyatt Co., Md.
Mother's Maiden Name	Katie Hensley -			Mother's Birthplace	Queen Anne, Md.
Name of person giving information	William Lively -			How related to deceased	Father -

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enteric Colitis	How long	One month
Immediate	Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Harry L. Davis	
		Address	
		Chesapeake, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Carden Logan

Town

County

Died at

Hr Crumpton

Q & A Co.

MARYLAND

Date

1908

Month

July

Day

13

Age

Years

24

Months

1

Days

3

Sex

Male

Color or
Race

White

Birth-
place

Q & A Co. Md

Occupation

Farmer

Where Residing if not
at place of death

Hays Gate Q & A Co.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Robert Logan

Father's
Birthplace

Cecil Co Md

Mother's
Maiden Name

Maggie Carden

Mother's
Birthplace

Cecil Co Md

Name of person giving
In formation

Samuel Logan

How related
to deceased

Uncle

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary

None known Precardial Region

How long

Immediate

Infection of Heart

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

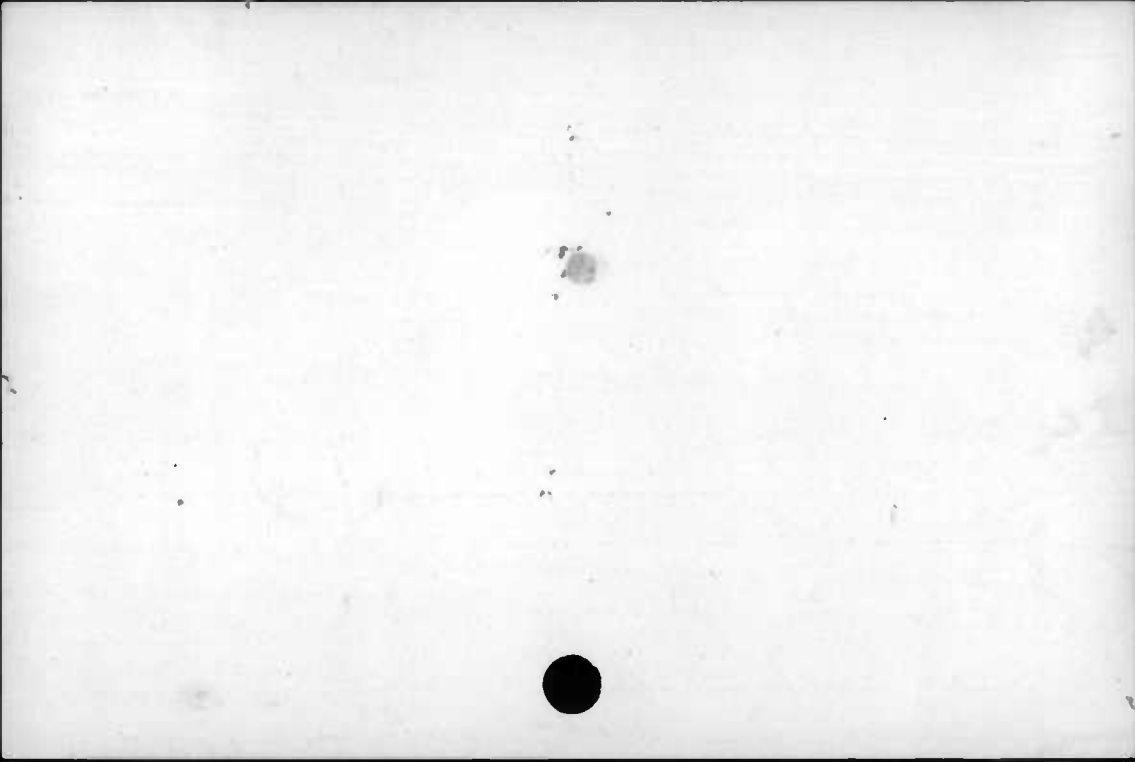
Signature of
Physician

Arthur E. Landers Md

Address

Crumpton

Accident or Suicide?



Name
in
Full

Marceline Rasini

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Pondtown County Q Anne Co.
 Died at
 Date of death 1908 July 23 Age 2 Years 8 Months Days —
 Sex Female Color or Race Black Birth-place Pondtown
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Charles Brachard Father's Birthplace Pondtown

Mother's Maiden Name Sarah Catherine Rasini Mother's Birthplace Pondtown

Name of person giving information Percy Rasini How related to deceased Grandmother

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Gastro-enteritis How long One week

Immediate Exhaustion How long —

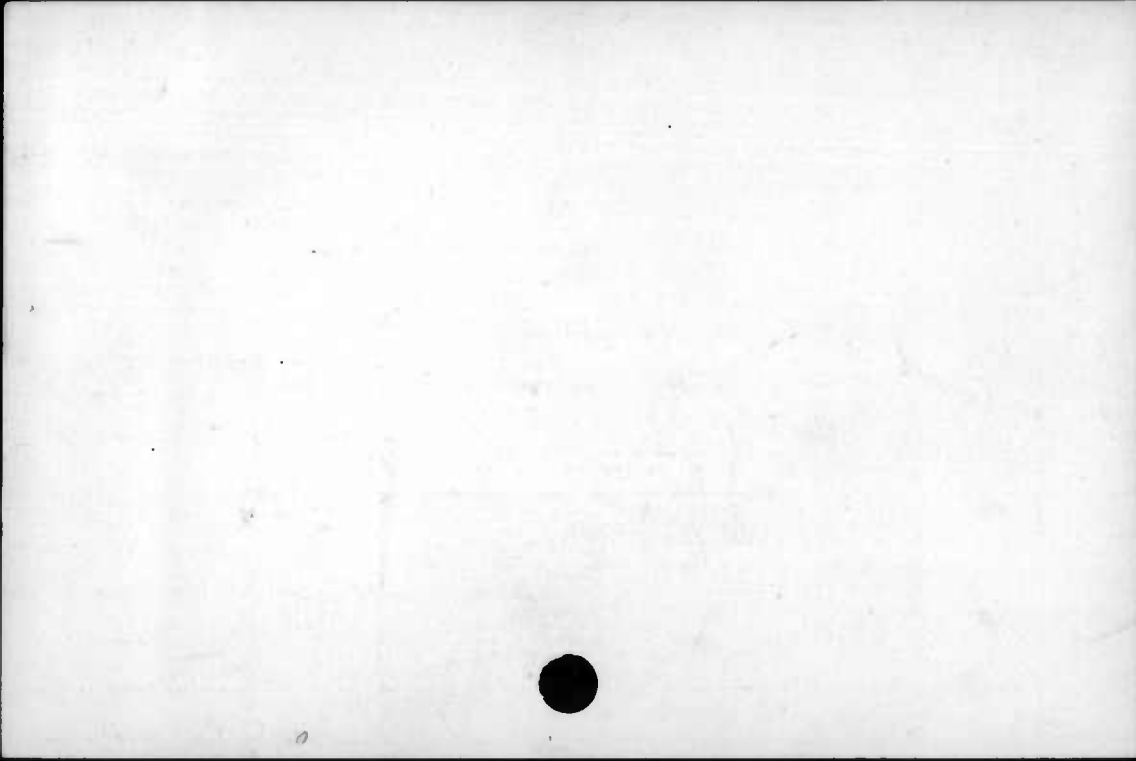
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Arthur S. Landers M.D.

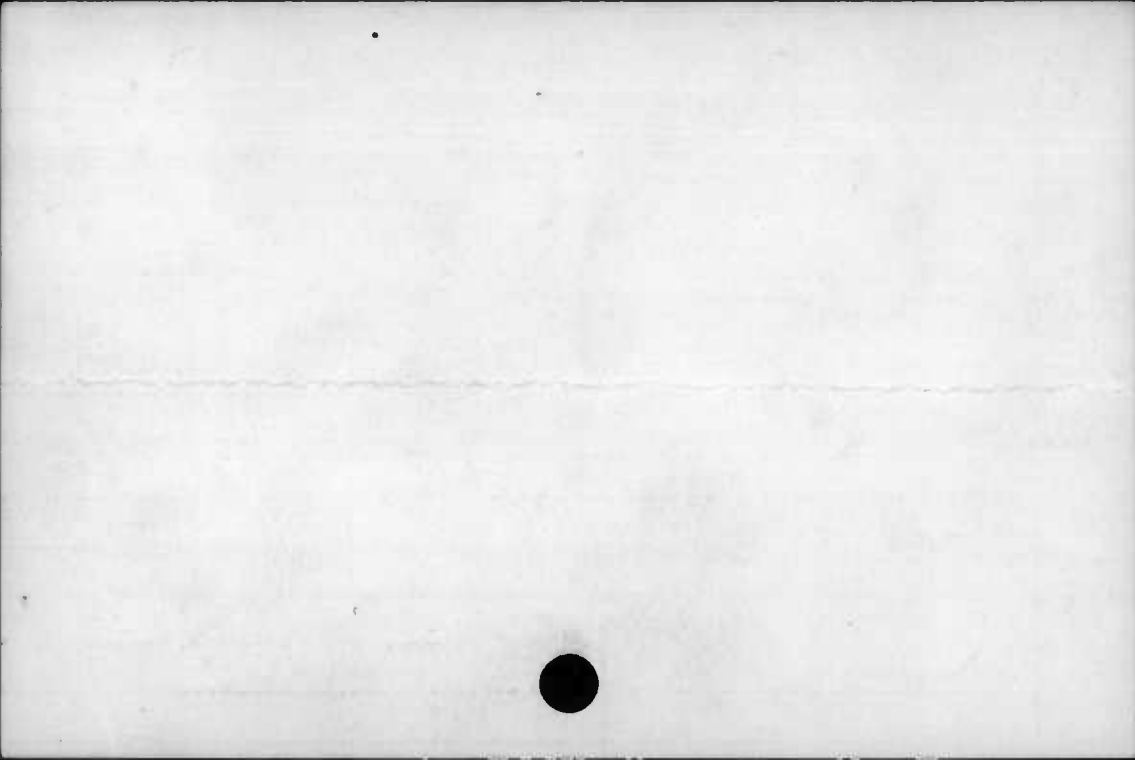
Address

Crumpton

Accident or Suicide?



Name in Full		Etta May Ringald				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Burrisville	County Queen Anne		MARYLAND	
	Date of death 190	8	Month	7	Day	9	Age
			Years	15	Months		
	Sex	Female		Color or Race	Negro		Birth-place
					Burrisville Md		
	Married, Single or Widowed	Single		Occupation	School Girl		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Yes. W. Ringald				Queen Anne Co			
Mother's Maiden Name				Mother's Birthplace			
Harrieth Wright				" " "			
Name of person giving information				How related to deceased			
Geo W Ringald				Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Consumption		How long		
					1 year		
	Immediate		Bad cold		How long		
					3 days		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				John W. Warner			
				Address			
				Centreville Md			
Accident or Suicide?				Sub Registrar			



Name
in
Full

Sussey A. S. Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i> ^{town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death	1908	Month	July	Day	15th
Age		Years		Months	
Sex		Color or Race		Birth place	
Female		White		Queen Anne's Co	
Occupation		Where Residing if not at place of death		At place of death	
None					
Married, Single or Widowed		Name of Wife or Husband			
Married		Joseph E. Roberts			
Father's Name		Father's Birthplace			
Edwin C. Applegate		Queen Anne's Co			
Mother's Maiden Name		Mother's Birthplace			
Fueyinda Klear		Queen Anne's Co			
Name of person giving information		How related to deceased			
Miss F. C. Applegate		Sister			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Thrombosis</i>	How long	<i>1 yr</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Dr. S. Dudley, M.D.</i>	
No		Address	
		<i>Church Hill, Queen Anne's Co Md.</i>	
Accident or Suicide?			
No			

Sudbury

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Church Hill* Town *Queen Anne's* CountyDate of death 1908 *July* Month *20* Day Age *1* Years Months *10* DaysSex *Female* Color or Race *White* Birth-place *Church Hill Md*Occupation *—* Where Residing if not at place of death *at place of death*Married, Single *Single* Name of Wife or Husband *—*Father's Name *Theodore F Salloway* Father's Birthplace *L. Q. C. Ind.*Mother's Maiden Name *Louise C Meredith* Mother's Birthplace *L. Q. C. Ind.*Name of person giving information *Theodore F Salloway* How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Ileo-Colitis* How long *3 weeks*Immediate *Catheteria* How long *1 week*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *H. B. Cippage*Address *Church Hill Ind*Accident or Suicide? *—*

Centerville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName in Full *Ann S. Seidler*

Town

County

Died at

*Mar Barclay**Queen Anne*

MARYLAND

Date

1908

Month

7

Day

24

Age

Years

19

Months

Days

Sex

*Female*Color or
Race*Black*Birth-
place*Md.*

Occupation

*House work*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*George W. Seidler*Father's
Birthplace*Md.*Mother's
Maiden Name*Louisa Rehester*Mother's
Birthplace*Md.*Name of person giving
In formation*Louisa Seidler*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Typhoid fever

How long

4 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

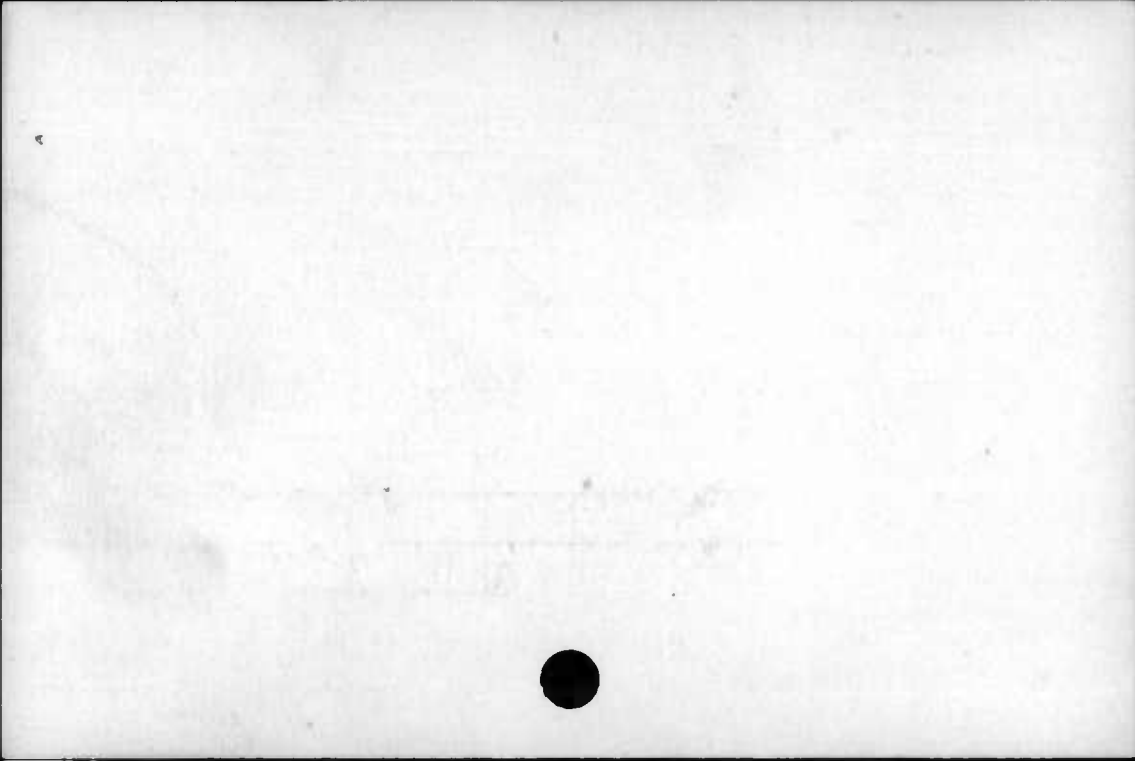
Address

*J. P. Smith, M.D.
Tamperville Md.*

Accident or Suicide?



Name in Full		John H. Tolson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town	Stevensville	County	Queen Anne's	MARYLAND		
	Date of death	1908	Month	July	Day	30	Age	79
	Sex	Male	Color or Race	Caucasian	Birth-place	Kent Island	Months	Days
	Occupation	Farmer		Where Residing if not at place of death		Kent Is.		
	Married, Single or Widowed	Married	Name of Wife or Husband	Victoria Tolson				
	Father's Name	Benjamin Tolson			Father's Birthplace	Queen Anne's Is.		
	Mother's Maiden Name	Nancy A. Wemyer			Mother's Birthplace	" " "		
Name of person giving information	James Cooley Sr.			How related to deceased	Brother, in-law			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Cirrhosis of liver			How long	18 mos.		
	Immediate	General atrophy			How long	2 mos.		
	Are the name, age, sex, color, date and place correctly given above?			Yes				
	Signature of Physician			D. Chas. E. Hyde				
	Address			Stevensville				
Accident or Suicide?			No					



Name
in
Full

Maud Vansant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

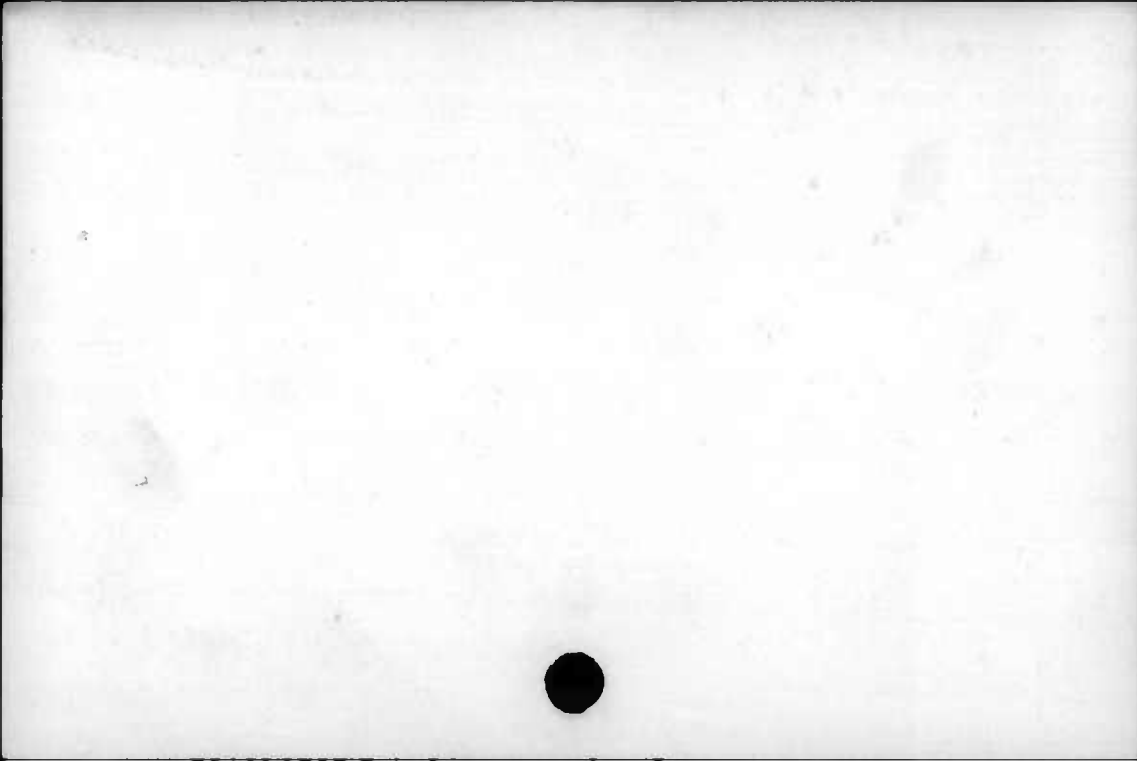
Died at <i>Fords Store</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>29</i>	Age <i>15</i>	Months <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>24 Grind</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Leonard T Vansant</i>	Father's Birthplace <i>24 Grind</i>		Mother's Birthplace <i>24 Grind</i>		
Mother's Maiden Name <i>Bertie Cheeser</i>	How related to deceased <i>Sister</i>				
Name of person giving information <i>L. T. Vansant</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulm & Gastrointestinal Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm T. Henry</i>
	Address <i>Stearnsville Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lee Medford Walters*

Died at *Kent Island* Town *Queen Annes* County *MARYLAND*

Date of death *1908* Month *July* Day *26* Age *5* Years *19* Months *19* Days

Sex *Male* Color or Race *White* Birth-place *Kent Island*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

How long

Immediate

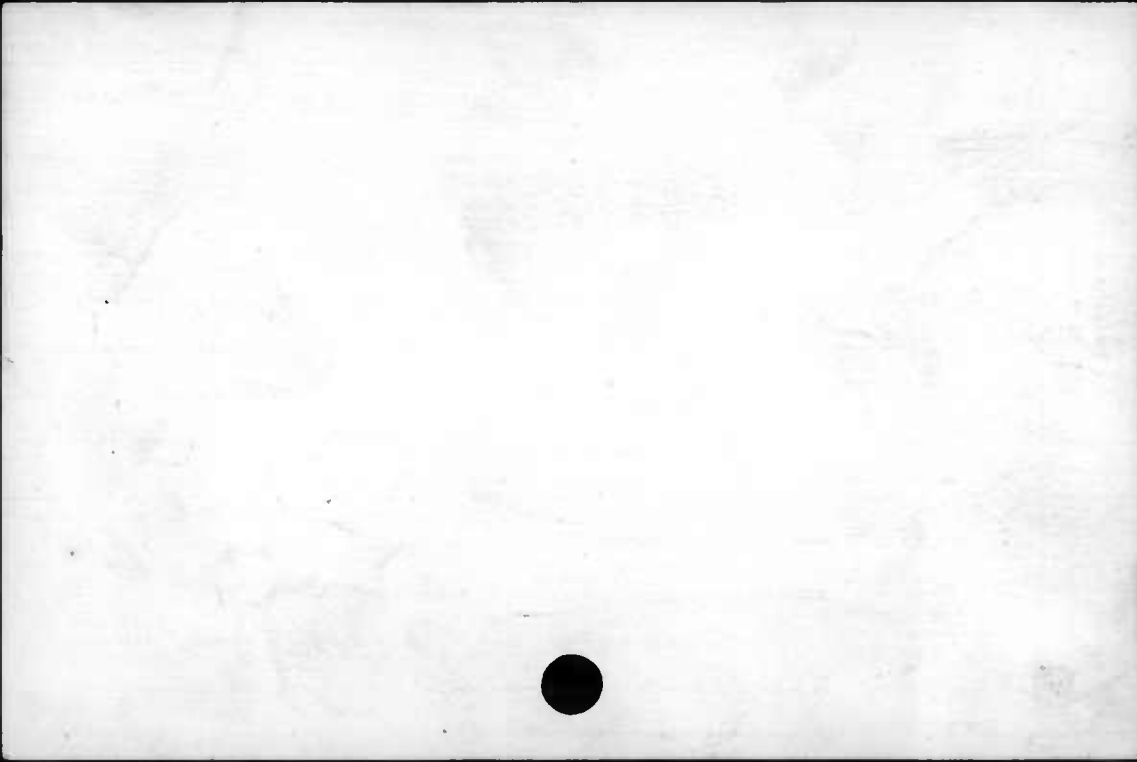
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Earl Wicks

Town

Chester

County

2, 9

MARYLAND

Died at

Date

of death

1908

Month

July

Day

23

Age

Years

Colored

Months

X

Days

14

Sex

Male

Color or
RaceBirth-
place

Kent &

Occupation

Where Residing if not
at place of death

1, 1

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Jacob Wicks

Father's
Birthplace

Kent &

Mother's
Maiden Name

Grace Goun

Mother's
BirthplaceName of person giving
Information

Jacob Wicks

How related
to deceased

Father

CAUSES OF DEATH

179

Primary

Malnutrition

How long

5 months

Immediate

General Anemia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

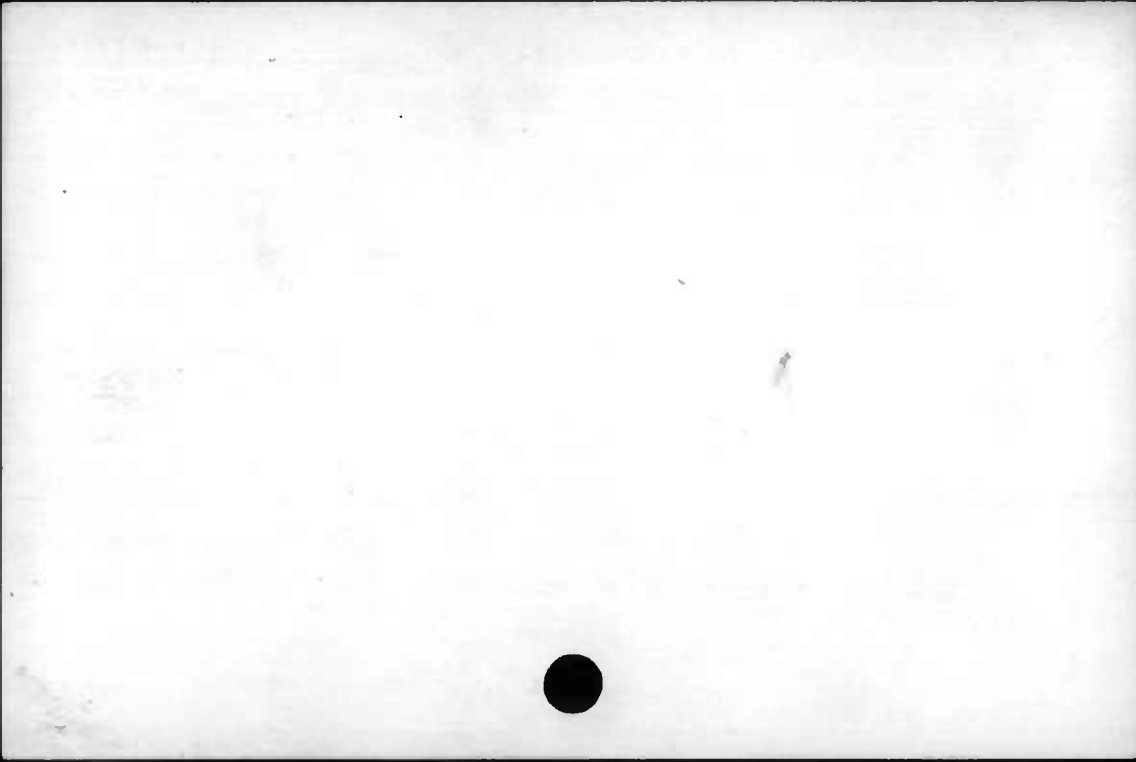
Dr. E. E. Ely

Address

Sternumville
md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>William Williams</i>		Town <i>Near Tunstall</i>		County <i>Anne</i>		State <i>MARYLAND</i>	
Died at <i>Near Tunstall</i>		Month <i>7</i>		Day <i>14</i>		Years <i>63</i>	
Date of death <i>1908</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Ellen C. Williams (nee Cannon)</i>					
Father's Name <i>Jonathan Williams</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Williams</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Thomas Williams</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>Blow from blunt instrument at</i>	How long	<i>-</i>
Immediate	<i>The hands of a person or persons unknown</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. C. Faulkner</i>	
Address <i>Tunstall</i>		County <i>Queen Anne's Co Md.</i>	
Accident or Suicide? <i>Homicidal</i>			

